



Rhode Island Ethics Commission

2009 YEARLY FINANCIAL STATEMENT

09 ES-1

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RHODE ISLAND
ETHICS COMMISSION
10 MAY 10 PM 12:21

William J. Murphy
390 WATERGLEN ST
WEST WARWICK RI 02893

ALL QUESTIONS REFER TO THE CALENDAR YEAR JANUARY 1, 2009 THROUGH DECEMBER 31, 2009 UNLESS OTHERWISE SPECIFIED.

PLEASE ANSWER **ALL QUESTIONS** AND WHERE YOUR ANSWER IS "NONE" OR "NOT APPLICABLE" SO STATE. ANSWERS SHOULD BE PRINTED OR TYPED, and additional sheets may be used if more space is needed. For clarification of any question, read instruction sheet.

Note: If you are a state or municipal official or employee who is required to file a Yearly Financial Statement, a failure to file the Statement is a violation of the law and may subject you to substantial penalties, including fines. If you received a 2009 Yearly Financial Statement in the mail but believe you did not hold a public position in 2009 or 2010 that requires such filing, you should contact the Ethics Commission (See instruction sheet for contact information).

1. NAME OF OFFICIAL
(LAST) MURPHY (FIRST) William (INITIAL) J.

2. HOME ADDRESS
(STREET) 390 WATERGLEN ST (CITY/TOWN) WEST WARWICK RI (ZIP CODE) 02893

MAILING ADDRESS (if different from home address)

3. List Public Position(s) you hold and governmental unit:

STATE REPRESENTATIVE DISTRICT 26 (WN, COV, WARWICK)
(PUBLIC POSITION) (MUNICIPALITY, STATE OR REGIONAL)

WN Democratic Town Committee
(PUBLIC POSITION) (MUNICIPALITY, STATE OR REGIONAL)

I was elected on 11/08 (date) I was appointed on (date) I was hired on (date)

If you no longer hold a public position, state date of termination or resignation

4. List elected office(s) for which you were/are a candidate in either calendar year 2009 or 2010 (Read instruction #4)

5. List the following: NAME OF SPOUSE

Stacey L Murphy

6. List the names of any employer from which you, your spouse, or dependent child received \$1,000 or more gross income during calendar year 2009. If self-employed, list any occupation from which \$1,000 or more gross income was received. If employed by a state or municipal agency, or if self-employed and services were rendered to a state or municipal agency for an amount of income in excess of \$250, list the date and nature of services rendered. If the public position or employment listed in #3, above, provides you with an amount of gross income in excess of \$250 it must be listed here. (Do Not List Amounts.)

NAME OF FAMILY
MEMBER EMPLOYEDNAME AND ADDRESS
OF EMPLOYER OR OCCUPATIONDATES AND NATURE
OF SERVICES RENDERED

SELF

ATTORNEY
MURPHY + LAY LLP
127 DONNAN ST - 2ND FLOOR
PROV RI 02903

7. List the address or legal description of any real estate, other than your principal residence, in which you, your spouse, or dependent child had a financial interest.

NAMES

NATURE OF INTEREST

ADDRESS OR DESCRIPTION

DEED SELF + WIFE

OWNERS

127 DONNAN ST - UNIT 5B
PROV RI 02903

SELF

1/2 OWNER

127 DONNAN ST - MURPHY
PROV RI 02903 + TRG UNIT

SELF

OWNER

40 WOODLAND DRIVE
WEST WARRICK RI

8. List the name of any trust, name and address of the trustee of any trust, from which you, your spouse, or dependent child or children individually received \$1,000 or more gross income. List assets if known. (Do Not List Amounts.)

NAME OF TRUST:

NAME OF TRUSTEE AND ADDRESS:

NAME OF FAMILY MEMBER
RECEIVING TRUST INCOME:

ASSETS:

9. List the name and address of any business organization or other entity, whether for profit or non-profit, in which you, your spouse, or dependent child held a position as a director, officer, partner, trustee, or a management position.

NAME OF FAMILY MEMBER

NAME AND ADDRESS OF BUSINESS

POSITION

SELF

MURPHY + LAY LLP
127 DONNAN ST - 2ND FLOOR
PROV RI 02903

Partner

SELF

MURPHY + LAY TITLE & GENCO, LLC
127 DONNAN ST - 2ND FLOOR
PROV RI 02903

Partner

10. List the name and address of any interested person, or business entity, that made total gifts or total contributions in excess of \$100 in cash or property during calendar year 2009 to you, your spouse, or dependent child. Certain gifts from relatives and certain campaign contributions are excluded. (See instruction #10)

NAME OF PERSON RECEIVING
GIFT OR CONTRIBUTION

NAME AND ADDRESS OF PERSON OR ENTITY
MAKING GIFT OR CONTRIBUTION

See Campaign Finance Reports For 2009

11. List the name and address of any business in which you, your spouse, or dependent child individually or collectively holds a 10% or greater ownership interest, or a \$5,000 or greater ownership or investment interest.

NAME OF FAMILY MEMBER

NAME AND ADDRESS OF BUSINESS

SELF - Both Business from Question #9

401(K) PIA - IRA - STOCK ACCOUNT -

12. If any business listed in #11, above, did business in excess of a total of \$250 in calendar year 2009 with a state or municipal agency, AND you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS
OF BUSINESS

NAME OF AGENCY

DATE AND NATURE
OF TRANSACTION

N/A

13. If any business listed in #11, above, was a business entity subject to direct regulation by a state or municipal agency, AND you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS OF BUSINESS

NAME OF REGULATING AGENCY

NOT KNOWN

Other than LAW PRACTICE

14. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2010 and before the date you file this statement **AND** if said business was regulated by a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS OF BUSINESS

DESCRIPTION OF INTEREST (NOT AMOUNT)
AND DATE ACQUIRED AND/OR DIVESTED

NAME OF REGULATING AGENCY

HOW REGULATED

15. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2010 and before the date you file this statement, which did business in excess of \$250 with a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS
OF BUSINESSDESCRIPTION OF INTEREST
DATE ACQUIRED AND/OR DIVESTED
(DO NOT INCLUDE AMOUNT)NAME OF STATE
OR MUNICIPAL AGENCY

401(K) - IRA - STOCK ACCOUNTS
MAY NOT PERTAIN TO QUESTION

16. If you, your spouse or dependent child were indebted in an amount in excess of \$1,000 to any person, business entity or other organization other than (i) any person related to you, your spouse or dependent child at any time within the third degree of consanguinity, or (ii) a financial institution regulated by any state or by the United States where such indebtedness is secured solely by a mortgage of record on real property used exclusively as your principal residence, or (iii) any indebtedness arising from transactions involving credit cards, please list the following:

NAME AND ADDRESS OF DEBTOR

NAME AND ADDRESS OF LENDER

NONE - OTHER THAN MORTGAGE. MURPHY + FAY, LLP
+ LOAN FROM BANK RI FOR LAW OFFICE AT 127 COMMENCE ST - PROVIDENCE

I certify under penalty of perjury, that this Financial Statement is a complete and accurate response to the questions presented as to the financial information and interests during the year 2009 of myself, my spouse, and my dependent children. I acknowledge that I may request an advisory opinion from the Ethics Commission as to my conduct under the Code of Ethics. I understand that a copy of the Code of Ethics will be provided to me at no cost upon request by contacting the Ethics Commission.

State of Rhode Island
County of PROVIDENCE

SIGNATURE

Subscribed and sworn to before me at PROVIDENCE this 7th day of MAY 20 10.My Commission expires: 6/26/13

SIGNATURE OF NOTARY PUBLIC

THIS STATEMENT WILL BE RETURNED IF IT IS NOT SIGNED AND NOTARIZED AND IF ANY QUESTION IS NOT ANSWERED.

MURPHY & FAY, L.L.P.

ATTORNEYS AT LAW



William J. Murphy
Mark A. Fay

Norman L. Landroche, Jr.
Steven H. Crawford

127 Dorrance Street
2nd Floor
Providence, Rhode Island 02903
Telephone 401-490-3200
Facsimile 401-490-3207

Certified Mail
Return Receipt Requested

May 12, 2010

Rhode Island Ethics Commission
40 Fountain Street
Providence, Rhode Island 02903-1837

Re: 2009 Yearly Financial Statement
For State Representative William J. Murphy
District 26

Dear Sir or Madam:

Please be advised that I inadvertently did not list a timeshare week that my wife and I own in Newport, Rhode Island in question #7.

The timeshare week is located at Ocean Cliff I & II Resort, Newport, Rhode Island.

Thank you.

Very truly yours,

A handwritten signature in cursive script, appearing to read "William J. Murphy".
William J. Murphy

WJM/dmr

RECEIVED
RHODE ISLAND
ETHICS COMMISSION
10 MAY 14 AM 10:27